

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

30623 7590 07/13/2004

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY  
 AND POPEO, P.C.  
 ONE FINANCIAL CENTER  
 BOSTON, MA 02111

08/23/2004 00000042 07903063

01 FC:2501 665.00 OF  
 02 FC:1504 300.00 OF  
 03 FC:0001 30.00 OF



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/903,063 07/11/2001 Jack R. Wands 21486-032DIV3 1087

TITLE OF INVENTION: DIAGNOSIS AND TREATMENT OF MALIGNANT NEOPLASMS STATEMENT AS TO FEDERALLY SPONSORED RESEARCH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	10/13/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CANELLA, KAREN A	1642	514-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Ingrid A. Beattie, Ph.D.;  
 2 Mintz, Levin, Cohn, J.D.  
 3 Ferris, Glovsky and Popeo, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rhode Island Hospital Providence, RI

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

(Date)

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)

Express Mail Label No.: EV39213243US

Date of Deposit: August 19, 2004

Attorney Docket No: 21486-032DIV3



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS : Wands, et al.  
SERIAL NUMBER : 09/903,063 EXAMINER : Karen A. Canella  
FILING DATE : July 11, 2001 ART UNIT : 1642  
FOR : Diagnosis and Treatment of Malignant Neoplasms

**MAIL STOP: ISSUE FEE**

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

Sir:

Transmitted herewith for filing in the present application are the following documents:

- ☒ Response to Notice of Allowance and Issue Fee Due (1 pgs.);
- ☒ PTOL-85, Part B - Fee(s) Transmittal Form (1 pg., in duplicate);
- ☒ Check #19181 in the amount of \$965.00;
- ☒ Check # 19182 in the amount of \$30.00 for 10 copies of patent; and
- ☒ Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts. The Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 21486-032DIV3. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

Ingrid Beattie, Reg. No. 42,306

Attorney for Applicants

c/o MINTZ LEVIN COHN FERRIS  
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One Financial Center  
Boston, Massachusetts 02111  
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Dated: August 19, 2004

**Customer No. 30623**

Express Mail Label No.: EV39213243US

Date of Deposit: August 19, 2004

Attorney Docket No: 21486-032DIV3



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS : Wands, et al.  
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Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF ALLOWANCE AND ISSUE FEE DUE**

The present paper is filed in response to the Notice of Allowance and Issue Fee Due, dated July 13, 2004 for the present application. The required issue fee and an advanced order of ten (10) copies (\$30.00), and a copy of Form PTOL-85B are submitted herewith.

The Commissioner is hereby authorized to charge any additional fees that may be due, or to credit any overpayment, to Account 50-0311, Ref. No. 21486-032DIV3.

Respectfully submitted,

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Ingrid A. Beattie, Reg. No. 42,306  
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Dated: August 19, 2004

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